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21186

7590

04/06/2006

**SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH**  
**121 S. 8TH STREET**  
**SUITE 1600**  
**MINNEAPOLIS, MN 55402**

07/11/2006 EAYALEW2 00000063 09706579

01 FC:1501  
 02 FC:8001

1400.00 OP  
 3.00 OP

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Mya D. Schild (Depositor's name)  
 Mya D. Schild (Signature)  
 7/6/06 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/706,579

11/03/2000

Michael J. O'Phelan

279.271US1

6168

TITLE OF INVENTION: CAPACITOR HAVING A FEEDTHROUGH ASSEMBLY WITH A COUPLING MEMBER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1400

\$0

\$1400

07/06/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
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FUQUA, SHAWNTINA T

3742

607-005000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **Schwegman, Lundberg,**2. **Woessner & Kluth, P.A.**

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CARDIAC PACEMAKERS, INC.

SAINT PAUL, MN.

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
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- ☒ A check in the amount of the fee(s) is enclosed.  
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-6743 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Peter C. Maki*

Date

7/6/06

Typed or printed name

Peter C. Maki

Registration No.

42,832

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